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SUPPLEMENT 8b to

ATTACHMENT 2.6-A

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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Iowa

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

☒ Section 1902(f) State ☒ Non-Section 1902(f) State

- A. An asset disregard is given to an individual who has purchased a precertified long-term care insurance policy and has used such policy to pay for certain medical costs, as follows:
1. Long-term nursing care in nursing facilities and care in an acute care hospital at the SNF or NF level of care.
42 CFR 440.150, 42 CFR 440.140, 42 CFR 440.10, and 42 CFR 440.40
 2. Home health services, as defined in 42 CFR 440.70.
 3. Home and community-based services (HCBS) as defined in the Iowa HCBS Waiver for the Elderly (Waiver Number 40155), approved under Section 1915(c) of the Social Security Act.

Costs paid by precertified long-term care insurance policies for home health services and for home and community-based services are used to calculate the amount of the asset disregard only if such services are provided in accordance with a plan of care approved by a peer review committee.

This disregard is in effect for the lifetime of the individual. The disregard is also allowed if a Medicaid application is filed on behalf of a deceased individual for payment of costs for care and services received by the individual during his or her lifetime. Such care and services must have been provided to the individual in or after the third month before the month of application.

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STATE PLAN UNDER XIX OF THE SOCIAL SECURITY ACT

State: Iowa

B. The disregard of assets is allowed for aged individuals under the following coverage groups:

1. Those who are being paid, or who are eligible for, or would be eligible if they were not in a medical institution, to have paid with respect to their Supplemental Security Income or a State supplementary payment. They are described at sections 1902(a)(10)(A)(ii)(IV) of the Social Security Act and are in 42 CFR 435.211.
2. Those who would be eligible for medicaid if they were in a medical institution, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who receive home and community-based services under the waiver as described in 42 CFR 435.217.
3. Those who are in a medical institution for at least 30 consecutive days and who are eligible under a special income level. They are described at section 1902(a)(10)(A)(ii)(V) of the Act.

Qualified Medicare Beneficiaries. They are described in section 1905(p) of the Act.

C. The amount of the disregard is equal to the lesser of the following amounts:

1. The amount of payments made for such services by the insurance policy; or
2. The actual charge for the medical services.

This disregard is in effect for the lifetime of the individual. The disregard is also allowed if a Medicaid application is filed on behalf of a deceased individual for payment of costs for care and services received by the individual during his or her lifetime. Such care and services must have been provided to the individual in or after the third month before the month of application.